

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101 554315

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
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37						
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39						
40			1			
41				1		
42			1			
43					1	
44					1	
45					1	
46					1	
47			1			
48				1		
49					1	
50					1	
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51					1	
52						1
53						1
54						1
55					1	
56						
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63					1	
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96						
97						
98						
99						
100						
TOTAL IND.					6	
TOTAL DEP.					33	
TOTAL CLAIMS					39	